

**SAMPLE**  
**DENTAL SEALANT AGENCY PROTOCOL**

Wisconsin Department of Health and Family Services  
Division of Public Health  
April 25, 2005

## **Table of Contents**

I.	Sample Dental Sealant Policy .....	3
II.	Sample Dental Sealant Procedure .....	6
III.	Sample Dental Sealant Program Standing Medical Order .....	11
IV.	Web Sites.....	15

## **SAMPLE School Based/Linked Dental Sealant Policy and Procedure**

**Department:** <Name>Local Health Department

**Original Effective Date:** <Date>

**Author:**

**Reviewed By:** <Dentist>

**Reviewed By:** <Dental Hygienist>

**Reviewed By:** <Medical Advisor>

**Reviewed By:** <Public Health Nursing Director (if applicable)>

**Approved By:** <Agency Director/Health Officer>

**Reviewed and Revised:**

20\_\_\_\_\_/\_\_\_\_\_**Initials**\_\_\_\_\_

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The administration of the sealant program will be completed under the direction of the Agency Director/Health Officer or his/her designee.

### **PURPOSE STATEMENT**

The goal of the dental sealant program is to reduce the proportion of school-aged children who have dental caries experience in permanent teeth by increasing the number of dental sealants on their teeth and promoting oral health as part of the child's total health. This is one primary prevention component of the health department's oral health program. These programs promote working within the dental community to establish dental homes for children.

### **PURPOSE AND RATIONALE**

Dental sealants are thin plastic coatings that are applied to the chewing surfaces of the molars (back teeth) to prevent dental decay by creating a physical barrier against bacterial plaque and food. When combined with fluoridated water, dental sealants have the potential to eliminate almost all dental caries. Dental caries is the most common chronic disease suffered by children. More than 50 percent of all children experience dental caries by the age of eight years, and about eighty percent of all children have dental caries by age 18. Eighty-four percent of caries in 5 to 17 year olds are on the tooth surfaces with pits and fissures. The Wisconsin Division of Public Health and <Local Health Department> recommends placement of preventive dental sealants in a school-based/linked environment on a targeted population of students with sufficiently erupted permanent first and second molars.

## **PROGRAM POLICY**

1. The <Local Health Department Sealant Program> will serve public and private school<Targeted Grades> children with signed parental/legal custodian/guardian medical history/consent forms in the following school districts:
  - A.
  - B.
2. Signed medical history/consent forms represent a two-year agreement between parents/legal custodian/guardians and the <Local Health Department>.
3. The administration of the sealant program is the responsibility of <Local Health Department> under the direction of the Agency Director/Health Officer or his/her designee and the medical advisor(s).
4. Only a state-licensed dental hygienist or dentist may apply dental sealants for <Local Health Department>.
  - A. A state-licensed dental hygienist practices as an employee or independent contractor consistent with s. 447.01 (3) and s. 447.06 (2) (a) 2., 3. and 5., Wis. Stats.
  - B. A state-licensed dentist practices consistent with Ch. 447 Wis. Stats.
5. It is the responsibility of <Local Health Department Designee>, to assess the need for, plan, implement, and evaluate the school-based/school linked dental sealant program.
6. The Agency Director/Health Officer will assign support staff as necessary.

## **TARGET POPULATION**

1. The <Local Health Department>will serve public and private school <Targeted Grades> children with signed parental/legal custodian/guardian medical history/consent forms in the following school districts:
  - A.
  - B.
2. Signed medical history/consent forms represent a two-year agreement between parents/guardians and the <Local Health Department>.

## **RESOURCES:**

ADA Council on Access, Prevention and Interprofessional Relations: ADA Council on Scientific Affairs. 1997. Dental sealants, *Journal of the American Dental Association* 128 (4):485-488.

Balistreri, Thomas J., Assistant Attorney General, *December 9, 2004 Letter to Steven M. Gloe, General Legal Counsel, Department of Regulation and Licensing.*

Casamassimo P, ed. 1996. *Bright Futures in Practice: Oral Health.* Arlington, VA: National center for Education in Maternal Health and Child Health.

United States Department of Health and Human Services (DHHS). *Oral Health in America: A Report of the Surgeon General.* Rockville, MD: U.S. DHHS, National Institute of Dental Craniofacial Research, National Institutes of Health, 2000.

*Wisconsin Statutes and Administrative Code Relating to the Practice of Dentistry and Dental Hygiene*

*Workshop on Guidelines for Sealant Use: Recommendations.* Journal of Public Health Dentistry. 1995; 55 (5 Spec. No.): 263-73.)

**LEGAL AUTHORITY:**

- *Wisconsin Statutes and Administrative Code Relating to the Practice of Dentistry and Dental Hygiene*
- Thomas J. Balistreri, Assistant Attorney General, *December 9, 2004 Letter to Steven M. Gloe, General Legal Counsel, Department of Regulation and Licensing*

## **SAMPLE DENTAL SEALANT PROGRAM PROCEDURE**

### **PURPOSE STATEMENT:**

The goal of the dental sealant program is to reduce the proportion of school-aged children who have dental caries experience in permanent teeth by increasing the number of dental sealants on their teeth and promoting oral health as part of the child's total health.

### **AUTHORIZED PROVIDERS:**

1. Only a state-licensed dental hygienist or dentist may apply dental sealants for <Local Health Department>.
2. A state-licensed dental hygienist practices as an employee or independent contractor consistent with s. 447.01 (3) and s. 447.06 (2) (a) 2., 3. and 5., Wis. Stats.
3. A state-licensed dentist practices consistent with Ch. 447 Wis. Stats.

### **SUPPLIES/EQUIPMENT/FORMS:**

1. Program consent forms and screening forms are available through *Seal-a-Smile A Dental Sealant Portfolio for Dental Hygiene Programs and Wisconsin Communities*
2. This program uses sealant material that is an approved United States Food and Drug Administration device.

### **STANDARDS TO FOLLOW:**

#### **1. Record Keeping:**

- A. A signed copy of informed consent, a signed and dated medical history and screening form must be kept in the individual's health record (school based programs offer copies for the school health record).
- B. Using the medical history, prior to sealant placement, a caries risk assessment and oral screening is conducted by a state-licensed dentist or dental hygienist. The Wisconsin Seal A Smile Screening Form may be used to record:
  - i. name, date, birth date, grade, special health care needs status, Medicaid/BadgerCare status
  - ii. caries experience, untreated caries, dental sealants, treatment urgency (urgent, early or no treatment needs)
  - iii. individual teeth indicated for dental sealant placement
  - iv. teeth and surfaces that have received sealants
  - v. name of licensed individual conducting screening and sealant placement
  - vi. comments and indication of referral
- C. The need for dental sealant placement by a state-licensed registered dental hygienist or dentist will be determined consistent with the *Workshop on Guidelines for Sealant Use: Recommendations* and *ASTDD Basic Screening Survey*.
- D. All applicable federal and state occupational safety and health records will be maintained at the <Local Health Department>.
- E. All applicable confidentiality requirements will be met.

#### **2. Dental Sealant Placement Standards:**

- A. *Seal-a-Smile A Dental Sealant Portfolio for Dental Hygiene Programs and Wisconsin Communities*, Children's Health Alliance of Wisconsin
- B. Consistent with the *Workshop on Guidelines for Sealant Use: Recommendations*
- C. *ASTDD Basic Screening Survey*

### 3. Occupational Safety and Health:

- A. The <Local Health Department> follows *CDC Guidelines For Recommended Infection Control Practices in Dentistry*
- B. The *Seal-a-Smile A Dental Sealant Portfolio for Dental Hygiene Programs and Wisconsin Communities*

### 4. Adverse Event Protocol:

- A. Sealant contains methylacrylates, which may be irritating to the skin and eyes. In case of contact with eyes, rinse immediately with plenty of water and seek medical attention. After contact with skin, wash immediately with plenty of soap and water. The product may cause sensitization by skin contact in susceptible persons. If skin sensitization occurs discontinue use.
- B. Sealant etchant contains phosphoric acid, which may cause burns. Avoid contact with oral tissues, eyes and skin. If accidental contact occurs, flush affected area with generous amounts of water. In case of contact with eyes, immediately rinse with plenty of water and seek medical attention.
- C. Retention of the dental sealant is essential to preventing caries. A sealant is virtually 100 percent effective if it is fully retained on the tooth (NIH 1984). Studies have demonstrated good retention rates in school-based dental sealant programs. It is recommended that limited resources be spent on placing sealants rather than doing additional retention studies. A sample of the children sealed will provide the program with adequate retention information. Reasons for tracking retention rates should be based on:
  - i. program evaluation of a new sealant material
  - ii. monitoring a new practitioner's technique.
- D. If a sealant is not retained, it should be reapplied.

### 5. Safety Precautions

- A. Follow manufacturers directions for application of pit and fissure sealants
- B. Use CDC Guidelines for infection control.
- C. **Sealant Precautions:** A small percentage of the population is known to have an allergic response to acrylate resins. To reduce the risk of allergic reaction, minimize exposure to uncured resins. When resins are in prolonged contact with oral soft tissue, or in case of accidental prolonged exposure, flush with copious amounts of water. Wash skin with soap and water when skin contact occurs.
- D. **Etchant Precautions:** Conditioner (etch) contains phosphoric acid. Protective eyewear is recommended for both provider staff and individuals receiving services while using etchants. Contact with oral soft tissue, eyes and skin should be avoided. If accidental contact occurs, flush immediately with copious amounts of water and consult a physician.
- E. Providers and individuals receiving services are required to wear safety glasses.
- F. Do not place dental sealants on individuals with a known allergy to components found in dental sealant (example: methylacrylate).
- G. Sealant and sealant etchant should be tightly closed immediately after use, keep out of direct sunlight, store at 40-70 degree F and use at room temperature.

### 6. Contraindications

- A. Dental sealants are contraindicated for individuals with a known allergy to components in dental sealant (example: methylacrylate).
- B. Not to be used in case of frank (overt) dental caries

## 7. Sealant Material

This program uses sealant materials that are United States Food and Drug Administration approved devices.

### PROGRAM PROCEDURES

1. Consistent with the *Workshop on Guidelines for Sealant Use: Recommendations* and ASTDD Basic Screening Survey:
  - A. Obtain consent from parent/legal custodian/guardian
  - B. Conduct risk assessment of the individual
    - i. caries experience
    - ii. dental care utilization pattern
    - iii. use of preventive services
    - iv. medical history (e.g. xerostomia)
  - C. Conduct risk assessment of individual teeth (pit and fissure morphology, level of caries activity, caries pattern) Do not seal if:
    - i. the tooth cannot be isolated
    - ii. proximal restoration involves the pit and fissure surfaces
  - D. Evaluate pit and fissure surfaces
    - i. caries free - seal in accordance with manufacturer directions if at risk based on:
      - a. deep pits and fissure morphology
      - b. sufficiently erupted to allow adequate isolation
      - c. caries pattern
      - d. individual perception/desire for sealant
    - ii. Questionable (stained) – seal in accordance with manufacturer directions
    - iii. Enamel caries (incipient with no evidence of undermining) – seal in accordance with manufacturer directions
    - iv. Dentin caries (frank, overt with evidence of undermining) refer for restoration
  - E. Inform parent/legal custodian/guardian of procedures and referral status
  - F. Evaluate sealed teeth for sealant integrity and retention and caries progression
2. Sealant placement guidelines are consistent with and subject to individual sealant material manufacturer directions:
  - A. Step 1: Verify informed consent of the parent/legal custodian/guardian.
  - B. Step 2: Review the medical history for contraindications (methylacrylate allergy).
  - C. Step 3: Provide client protective eyewear.
  - D. Step 4: Conduct risk assessment of individual, individual teeth and pits and fissure surfaces.
  - E. Step 5: Prepare teeth by cleaning with the method of your choice.
    - It is absolutely necessary to remove plaque and debris from the enamel and the pits and fissures of the tooth. Any debris that is not removed will interfere with the proper etching process and the sealant penetration into the fissures and pits.
  - F. Step 6: Isolate the teeth.
    - For most sealant material, it is absolutely imperative to keep the tooth free from salivary contamination.
  - G. Step 7: Dry the surfaces.
  - H. Step 8: Etch the surfaces.
    - The etchant should be applied to all the pits and fissures. In addition, it should be applied at least a few millimeters beyond the final margin of the sealant and in accordance with manufacturer directions. Do not allow the etchant to come into contact with the soft tissue. If this occurs, rinse the soft tissue thoroughly.



- I. Step 9: Rinse and dry the teeth.
  - Rinse all the etchant material from the tooth in accordance with manufacturer directions. The tooth is dried until it has a chalky, frosted appearance. If it does not, the tooth should be re-etched in accordance with manufacturer directions. It is imperative to avoid salivary contamination. There is agreement that moisture contamination at this stage of the process is the most common cause of sealant failure.
- J. Step 10: Apply the material and evaluate for voids, marginal discrepancies or retention problems. If noted return to Step 2.
  - Be careful not to incorporate air bubbles in the material.
  - Follow protocol for light cured or self cure dental sealant material in accordance with manufacturer directions
  - After the sealant has set, the operator should wipe the sealed surface with a wet cotton pellet. This allows for the removal of the air-inhibited layer of the non-polymerized resin. Failure to perform this step may leave an objectionable taste in the individual's mouth.
- K. Step 11: Evaluate the sealant.
  - The sealant should be evaluated visually and tactically. Attempt to dislodge it with an explorer. If there are any deficiencies in the material, more sealant material should be applied.
- L. Step 12: Evaluate the occlusion.
  - Unfilled resins will wear down naturally and do not require occlusal adjustment
- M. Step 13: Inform the parent/legal custodian/guardian of procedures that have been completed and the referral status.

**RELATED POLICY:**

Dental Sealant Program Policy

## RESOURCES:

American Dental Association Council on Access, Prevention and Interprofessional Relations: ADA Council on Scientific Affairs. 1997. *Dental Sealants*, *Journal of the American Dental Association* 128 (4):485-488.

Association of State and Territorial Dental Directors, Basic Screening Survey.

Balistreri, Thomas J., Assistant Attorney General, *December 9, 2004 Letter to Steven M. Gloe, General Legal Counsel, Department of Regulation and Licensing*.

Casamassimo P, ed. 1996. *Bright Futures in Practice: Oral Health*. Arlington, VA: National center for Education in Maternal Health and Child Health.

*Seal-a-Smile A Dental Sealant Portfolio for Dental Hygiene Programs and Wisconsin Communities*, Children's Health Alliance of Wisconsin, 1999, revised 2000, and revised 2004.

*United States Centers for Disease Control and Prevention*, 2003. *Guidelines for Recommended Infection Control Practices in Dentistry*, MMWR, December 19, 2003:52(RR-17).

United States Department of Health and Human Services (DHHS). *Oral Health in America: A Report of the Surgeon General*. Rockville, MD: U.S. DHHS, National Institute of Dental Craniofacial Research, National Institutes of Health, 2000.

*Wisconsin Statutes and Administrative Code Relating to the Practice of Dentistry and Dental Hygiene*.

*Workshop on Guidelines for Sealant Use: Recommendations*. *Journal of Public Health Dentistry*. 1995; 55 (5 Spec. No.): 263-73.)

## LEGAL AUTHORITY:

- Thomas J. Balistreri, Assistant Attorney General, *December 9, 2004 Letter to Steven M. Gloe, General Legal Counsel, Department of Regulation and Licensing*
- *Wisconsin Statutes and Administrative Code Relating to the Practice of Dentistry and Dental Hygiene*

## SAMPLE DENTAL SEALANT PROGRAM STANDING MEDICAL ORDER

### SAMPLE DENTAL SEALANT PROGRAM STANDING MEDICAL ORDER

**Department:** <Local Health Department>

**Original Effective Date:** <Date>

**Author:** <Name>

Reviewed by: <Signature Dentist>

Reviewed by: <Signature Dental Hygienist>

Reviewed by: <Signature Public Health Nursing Director>

**Approved By:** <Signature Agency Director/Health Officer>  
<Signature Medical Advisor>

**Reviewed and Revised:**

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With this medical order I, <Medical Advisor> authorize <Local Health Department> to place dental sealants in a school-based or community setting in accordance the <Local Health Department> *School Based/Linked Dental Sealant Policy and Procedures*.

The administration of the sealant program will be completed under the direction of the Agency Director/Health Officer or his/her designee.

Only a state licensed dental hygienist or dentist may place dental sealants. A state-licensed dental hygienist may practice as an employee or independent contractor for a local health department consistent with s. 447.06 (2)(a) 2., 3., and 5., Wis. Stats.

#### LEGAL AUTHORITY:

- Thomas J. Balistreri, Assistant Attorney General, December 9, 2004 Letter to Steven M. Gloe, General Legal Counsel, Department of Regulation and Licensing
- Wisconsin Statutes and Administrative Code Relating to the Practice of Dentistry and Dental Hygiene

## TARGET POPULATION:

1. The < Local Health Department > will serve public or private school children in < Targeted Grades > with signed parental/legal custodian/guardian medical history/consent forms in the < School District(s) >.
2. Signed medical history/consent forms represent a two-year agreement between parents/legal custodians/guardians and the < Local Health Department >.

## STANDARDS TO FOLLOW:

### 1. Record Keeping:

- A. A signed copy of informed consent, a signed and dated medical history and screening form must be kept at the < Local Health Department >. A copy may be kept in the individual's school health record.
- B. Using the medical history, prior to sealant placement, caries risk assessment and oral screenings are conducted by a state-licensed dentist or dental hygienist. The Wisconsin Seal A Smile Screening Form may be used to record:
  - i. name, date, birth date, grade, special health care needs status
  - ii. caries experience, untreated caries, dental sealants, treatment urgency (urgent, early or no treatment needs)
  - iii. individual teeth indicated for dental sealant placement
  - iv. teeth and surfaces that have received sealants
  - v. signature of licensed individual conducting screening and sealant placement
  - vi. comments and indication of referral
  - vii. verify Medicaid/Badgercare eligibility and recipient number
- C. The need for dental sealant placement by a state licensed dental hygienist or dentist will be determined consistent with the Workshop on Guidelines for Sealant Use: Recommendations
- D. All applicable federal and state occupational safety and health records will be maintained at the < Local Health Department >.
- E. All applicable confidentiality requirements will be met.

### 3. Program Standards:

- A. Dental sealant assessment, planning, implementation and evaluation procedures are consistent with:
  1. *The Workshop on Guidelines for Sealant Use: Recommendations*
  2. *ASTDD Basic Screening Survey*
  3. *Seal-a-Smile A Dental Sealant Portfolio for Dental Hygiene Programs and Wisconsin Communities*
  4. < Local Health Department > *Dental Sealant Program Policies and Procedures*.
- B. Occupational Safety and Health:
  1. The < Local Health Department > follows *CDC Guidelines For Recommended Infection Control Practices in Dentistry*
  2. *The Seal-a-Smile A Dental Sealant Portfolio for Dental Hygiene Programs and Wisconsin Communities* is used to as a guide.

4. **Sealant Material:** This program uses sealant materials that are United States Food and Drug Administration approved devices.

## 5. Adverse Event Protocol:

- A. Sealant contains methylacrylates, which may be irritating to the skin and eyes. In case of contact with eyes, rinse immediately with plenty of water and seek medical attention. After contact with skin, wash immediately with plenty of soap and water. The product may cause sensitization by skin contact in susceptible persons. If skin sensitization occurs discontinue use.
- B. Sealant etchant contains phosphoric acid, which may cause burns. Avoid contact with oral tissues, eyes and skin. If accidental contact occurs, flush affected area with generous amounts of water. In case of contact with eyes, immediately rinse with plenty of water and seek medical attention.
- C. Retention of the dental sealant is essential to preventing caries. A sealant is virtually 100 percent effective if it is fully retained on the tooth (NIH 1984). Studies have demonstrated good retention rates in school-based dental sealant programs. It is recommended that limited resources be spent on placing sealants rather than conducting additional retention studies. A sample of the children sealed will provide the program with adequate retention information. Reasons for tracking retention rates should be based on:
  - i. Program evaluation of a new sealant material
  - ii. Monitoring a new practitioner's technique.
- D. If a sealant is not retained, it should be reapplied.

## 6. Safety Precautions

- A. Follow manufacturers directions for application of pit and fissure sealants
- B. Use CDC Guidelines for infection control.
- C. **Sealant Precautions:** A small percentage of the population is known to have an allergic response to acrylate resins. To reduce the risk of allergic reaction, minimize exposure to uncured resins. When resins are in prolonged contact with oral soft tissue, or in case of accidental prolonged exposure, flush with copious amounts of water. Wash skin with soap and water when skin contact occurs.
- D. **Etchant Precautions:** Conditioner (etch) contains phosphoric acid. Protective eyewear is recommended for both provider staff and individuals receiving services while using etchants. Contact with oral soft tissue, eyes and skin should be avoided. If accidental contact occurs, flush immediately with copious amounts of water and consult a physician.
- E. Providers and individuals receiving services are required to wear safety glasses.
- F. Do not place dental sealants on individuals with a known allergy to components found in dental sealant or etchant.
- G. Sealant and sealant etchant containers should be tightly closed immediately after use, keep out of direct sunlight, store at 40-70 degree F and use at room temperature.

## 7. Contraindications

- A. Dental sealants are contraindicated for individuals with a known allergy to components in dental sealant. (example: methylacrylate)
- B. Not to be used in the case of frank (overt) dental caries.

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Medical Advisor

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Date

## **SUPPORTING DOCUMENTS**

Assistant Attorney General, *December 9, 2004 to Steve Gloe, General Legal Counsel, Wisconsin Department of Regulation and Licensing*

Medicaid and BadgerCare Update: *Policy on Dental Hygienists at HealthCheck Nursing Agencies* Revised, September 2004, No. 2004-70

*Seal-a-Smile A Dental Sealant Portfolio for Dental Hygiene Programs and Wisconsin Communities*, Children's Health Alliance of Wisconsin, 1999, revised 2000, and reviewed 2004.

United States Centers for Disease Control and Prevention, 2003. *Guidelines for Recommended Infection Control Practices in Dentistry*, MMWR, December 19, 2003:52(RR-17).

*Wisconsin Statutes and Administrative Codes Relating to the Practice of Dentistry and Dental Hygiene*

*Workshop on Guidelines for Sealant Use: Recommendations*, Journal Public Health Dentistry, 55(5): 285,1995.

## WEB SITES

**Please note that web sites are subject to change.**

ASTDD Basic Screening Survey

[http://www.astdd.org/docs/BSS\\_Manual\\_9-25-03.pdf?PHPSESSID=6fe8ec928a1bf80248cdad91f22ccd6a](http://www.astdd.org/docs/BSS_Manual_9-25-03.pdf?PHPSESSID=6fe8ec928a1bf80248cdad91f22ccd6a)

*CDC Guidelines for Recommended Infection Control Practices in Dentistry*

<http://www.cdc.gov/OralHealth/infectioncontrol/guidelines/index.htm>

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm>

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5021a1.htm>

*Seal-a-Smile A Dental Sealant Portfolio for Dental Hygiene Programs and Wisconsin Communities*, Children's Health Alliance of Wisconsin, 1999, revised 2000, and reviewed 2004.

[www.chawisconsin.org](http://www.chawisconsin.org). Contact: Oral Health Project Manager (414) 390-2193.

<http://www.chawisconsin.org/oralHealthResources.htm>

Wisconsin Statutes and Administrative Code Relating to the Practice of Dentistry and Dental Hygiene

<http://drl.wi.gov/prof/denh/def.htm>

<http://www.legis.state.wi.us/statutes/Stat0447.pdf>